

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014995

STATE FILE NUMBER

2 4084

FILED MAY 12 1959

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute to City Hosp.		d. STREET ADDRESS 1323a Clinton	
3. NAME OF DECEASED (Type or print) First CHARLES Middle GELVIN Last		4. DATE OF DEATH Month 4 Day 25 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/30/1932
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plastic Molder		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME John Gelvin		13b. MOTHER'S MAIDEN NAME Stella Kieseling	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-32-9034	
17. INFORMANT Stella Gelvin, 1323a Clinton		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive left hemithorax due to laceration of Aorta.		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) suffered in collision between car operated by deceased and car operated by one James Schmitt, Jr. in front of about 2300 S. Fall Street about 2:15 a.m., April 25, 1959.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I, or in this space.) Car operated by deceased and car operated by one James Schmitt, Jr. in front of about 2300 S. Fall Street about 2:15 a.m., April 25, 1959.	
20c. TIME OF INJURY Hour 2:15 a.m. Month, Day, Year 4 25 59		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (a. in or about home, farm, school, street, office bldg., etc.) 35 N. 4th		20f. CITY, TOWN, OR LOCATION St. Louis Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Depth occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Paul J. Smith	
22b. ADDRESS 1300 Clark		22c. DATE SIGNED 4/27/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/28/59	
23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		23d. LOCATION (City, town, or county) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette		25. DATE RECD. BY LOCAL REG. APR 27 '59	
26. REGISTRAR'S SIGNATURE Paul J. Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *A. G. Farris*

Licensed Embalmer No. *3384*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.